

# Sample Medicare Card

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY <b>JANE DOE</b>			
MEDICARE CLAIM NUMBER <b>000-00-0000-A</b>		SEX <b>FEMALE</b>	
IS ENTITLED TO <b>HOSPITAL (PART A) MEDICAL (PART B)</b>		EFFECTIVE DATE <b>07-01-1986 07-01-1986</b>	
SIGN HERE → <u>Jane Doe</u>			